intestinal mucous membrane are excluded. Especial attention has been given by the author to those cases in which enteritis has been superadded to certain infectious diseases in children, such as malaria, variola, rubeola, varicella, and yellow fever. The climate of Brazil, in which country the author resides, is such that malarial intoxication exceeds in gravity and frequency all the other infectious diseases from which children suffer.

Naphthalin was first tried in the class of cases under consideration with considerable satisfaction, but naphthol was subsequently found more efficient. Salicylate of bismuth was also very efficient in cases in which the flux was considerable. Salol was next tried in forty cases of malarial diarrhœa, and the results of its use are embodied in the following conclusions: Salol may be considered a valuable agent for intestinal antisepsis in children of any age who are affected with enteritis or entero-colitis of malarial origin. The intestinal flux diminishes and then disappears under the influence of salol, its deodorizing effect upon the stools becoming manifest almost immediately after its use is begun.

The gases resulting from intestinal fermentation are not produced as long as salol exercises its antiseptic action. The colic and vomiting also cease in a very short time. The drug is well tolerated by children of all ages, and in none of the author's cases did it produce the least sign of intoxication. The doses employed varied from three grains to thirty grains, according to the age and gravity of the case.—*Archives of Pœdiatrics*, March, 1891.

SUBCUTANEOUS INJECTIONS OF SALT SOLUTION IN ACUTE ANÆMIA AND CHOLERA INFANTUM.

A SIX-TENTHS per cent. solution of salt was first used in four cases of cholera infantum, two dying and two recovering. To the solution was added a little alcohol. The solution was sterilized and kept at a temperature of 103° to 104°. The apparatus used was a glass funnel with a rubber tube one and a half yards long, to which a cock was attached, the end of which fitted into the canula, connected with a small trocar. In place of the foregoing, one may use for children a small syringe, holding about two-thirds of an ounce, to which a long aspirating needle may be attached. The transfusion was made into the skin of the abdominal wall; the absorption was assisted by massage over the point of injection. For infants, one to two ounces is a sufficient quantity for injection, and it could be repeated if collapse rendered it necessary. No unpleasant phenomena are likely to accompany the injections. After the operation the head should be lowered, the feet raised, elastic bandages should be wrapped around the child, and other excitants should be used as occasion calls for them. The same treatment may be used in collapse following extensive hæmorrhage, either in children or adults.—*Archives of Pœdiatrics*, No. 87, 1891.

DANGERS OF SULPHONAL.

ALTHOUGH sulphonal is probably one of the safest, as it is one of the most efficacious among the hypnotics recently introduced, the series of cases published by Bresslauer, of Vienna, show clearly that it has certain dangers.

The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant that out of seventy-seven patients who were treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time in good doses, and had borne it well until symptoms of disturbance set in, these being great constipation, dark-brown urine, slow or in some cases rapid but feeble pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally the cause of death was heart failure, with œdema of the lungs.—*Lancet,* April 4, 1891.

APOMORPHINE FOR CONVULSIONS.

DR. HORSLEY, of West Point, Georgia, has used apomorphine to arrest convulsions in strychnine poisoning, and under various conditions. Others have reported the use of this drug subcutaneously during the aura to prevent epileptic attacks, and to stop infantile convulsions. Dr. Horsley thinks that the remedy has hitherto been used principally for its emetic action. He accidentally found that it controlled the spasms produced by strychnine poisoning, since which time he has used apomorphine for all convulsions, and has in no case been disappointed in the result.

From his limited experience he is confident that apomorphine would probably control any spasm not caused by lesion of the brain or spinal cord.

He has not used it in tetanus or in rabies, nor in puerperal eclampsia, though its use arrested symptoms which led him to expect an attack of eclampsia.

The dose ranged from one-twentieth to one-eighth of a grain, and has been uniformly administered by subcutaneous injection.—*Medical Record,* No. 23, 1891.

PEROXIDE OF HYDROGEN AS A DISINFECTANT OF WATER.

DR. ALTEHOEFER finds that the addition of one part of the peroxide of hydrogen to one thousand of ordinary drinking-water, to drinking-water containing typhoid bacillus or cholera bacillus, is quite sufficient to destroy the various saprophytic and pathogenic organisms contained under these conditions, if it is obtained perfectly fresh and kept in good condition, and if it is allowed to act for a period of twenty-four hours. It is specially valuable for the disinfection of drinking-water, because it does not affect the taste, does not alter the color, and in the proportion mentioned is perfectly innocuous. As regards cost, he calculates that sufficient drinking-water, say two gallons and a half, for a family may be sterilized by means of peroxide of hydrogen at a cost of about five cents per diem.—*British Medical Journal,* 1890.

IS ETHER TO BE PREFERRED TO CHLOROFORM?

DR. JULLIARD, Professor of Surgery at Geneva, answers this question at length and in detail; he compares and contrasts the two anæsthetics from various standpoints, and prefers ether. Of course, ether is far safer than